

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2003 — 13

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.222

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$(8,981)

b. FFY 2004 (\$39,826)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A, page 1
Attachment 2.6-A Pages 6a and 79. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 8a to Attachment 2.6-A, page 1
Attachment 2.6-A Pages 6a and 7

10. SUBJECT OF AMENDMENT:

Deletion of Medically Needy Income Disregard

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:comments will be forwarded when
received

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

7/16/03

16. RETURN TO:

Mr. Bob Sharpe

Deputy Secretary for Medicaid

Agency for Health Care Administration

2727 Mahan Drive, Mail Stop #8

Tallahassee, FL 32308

ATTN: Kay Newman

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

July 21, 2003

18. DATE APPROVED:

October 3, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Susan Cuerton

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS: Approved with the following changes to Items 8 and 9:

Item 8: "Attachment 2.6-A, Pages 6a and 7" changed to "Attachment 2.6-A, Page 7"

Item 9: "Attachment 2.6-A, Pages 6a and 7" changed to "Attachment 2.6-A, Page 7"

NOTE: Attachment 2.6-A, Page 6a was withdrawn from this amendment per letter dated August
19, 2003 from Mr. Bob Sharpe

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: FLORIDA

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

Coverage Groups

1902(a)(10)(E) and
and 1902(m) of the Act

When income is received more often than once per month (weekly, biweekly), the monthly income from that source will be computed by first determining the weekly income amount and then multiplying that amount by 4. We will not treat 4 week months any differently than 5 week months.

The anticipated weekly income for fluctuating income will be projected at the time of application by using the most recent six weeks of income (or less, if appropriate). After that, it will be recomputed every six months or when the client reports a change.

In the event an individual would be denied or terminated by the use of this methodology, actual income (if less), will be used.

In-kind support and maintenance (ISM) is not considered in determining income eligibility.

*More liberal methods may not result in exceeding gross income limitations under § 1903(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>citation(s)</u>	<u>Condition or Requirement</u>
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><u>X</u> (a) The methods under the State's approved AFDC plan only; or</p> <p>— (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

TN No. 03-13

Supersedes

TN No. 02-18

Revised Submission

Approval Date 10/03/03

Effective Date 7/1/03

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State: FLORIDA

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